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Oakland's Community Clinic COVID-19 Vaccination Improvement Project

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Abstract

Vaccination hesitancy has been an ongoing issue over the years, but is now an even more serious problem ever since the newly developed Coronavirus (COVID-19) vaccines were released for emergency use. Due to the rapid event of COVID-19, community clinics have not been able to create effective outreach methods to inform patients about the vaccines, thus the vaccination rates have been low. The goal is to increase vaccination uptake in a Latino community clinic in Oakland, California. These patients have shared their distrust in the healthcare system due to racism and their disbeliefs regarding the effectiveness of these COVID-19 vaccines. The patients have even become frustrated by the staff in this clinic because they are repeatedly called to schedule a vaccine appointment when they have already denied the vaccine appointments multiple times. As a result, most patients did not schedule COVID-19 vaccine appointments and filed complaints to the clinic. The objective of this project is to implement a multimodal standardized patient outreach process to increase COVID-19 vaccine rates in this community. The success of the interventions was measured by comparing the number of COVID-19 vaccine appointments scheduled before and after the implementation of the standardized outreach interventions. However, the new outreach process was not implemented due to no buy-in from the clinic. Hypothetically, the project would succeed because the scholarly articles and the CDC website supports the project interventions. Vaccination hesitancy requires years of work to make progress, however this project provides a foundation for the clinic to get started.

Section II: Introduction

In 2019, the Coronavirus disease (COVID-19) struck the world and changed the lives of everyone all across the world. According to the Centers for Disease Control and Prevention (2021), COVID-19 is a respiratory disease caused by the new coronavirus, SARS-CoV-2, that was found in the year 2019. This virus is transmitted from person to person through respiratory droplets when an infected person sneezes, coughs, or even talks. Symptoms for this virus vary for every person because some infected people do not experience symptoms, while others have mild to severe symptoms. However, adults 65 years and older and any person with underlying medical problems are more likely to experience severe illness (CDC, 2021). In the CDC COVID-19 data tracker (2021), it has been reported that there are now over 31 million confirmed cases of COVID-19 and over 568 thousand deaths in the United States. However, in the beginning of 2021, the United States Food and Drug Administration (FDA) officially revealed the successful development of the COVID-19 vaccines and issued the first emergency use authorization (EUA) of these vaccines.

Moreover, a community clinic in Oakland, California decided to participate in the administration of these COVID-19 vaccines, which would provide protection to their Latino population. However, the community clinic staff discovered that the Latino patients were hesitant about receiving the COVID-19 vaccine when they were called to schedule their vaccine appointment. As a result, the community clinic has not been successful in scheduling these patients for the COVID-19 vaccine and as a result the vaccination rates remain low in this community. This type of behavior is common among the Latino population as they have a history of being hesitant, thus delaying or resisting even other vaccines such as the influenza vaccine (Moran et al., 2017). However, there are various reasons why the Latino community is

hesitant in receiving the vaccines. These patients and their families have a history of poor healthcare service and were not treated fairly due to being minorities, so trust in healthcare is an issue for them (Dube et at., 2013).The patients are also concerned about the safety of the vaccines due to the rapid development of these vaccines, therefore are not confident in receiving it (Moran et al., 2017). There is also a lack of knowledge about the vaccines, so patients are not able to make an informed decision (Dube et at., 2013). Additionally, the national media is broadcasting conspiracy theories, antivax groups' statements, myths, and misperceptions about the COVID-19 vaccines, thus creating fear in these Latino patients (Khubchandani, Sharma, Price, et. al, 2021). However, vaccination hesitancy among the Latino population is dangerous because this community is disproportionately affected by COVID-19. The amount of deaths in the Latino community caused by COVID-19 is about 101,996, which is 19% of the population (CDC, 2021). As a result, many institutions like the Oakland community clinic are trying to answer the question on how to target the communities that are most affected by COVID-19 and simultaneously most hesitant or resistant.

After conducting a microsystem assessment, it was concluded that this community clinic requires a standardized outreach process during the COVID-19 vaccine appointment phone calls. This intervention will create efficiency as the clinical staff will have the necessary tools to have an effective conversation with the Latino patients. As a result, the vaccination rates among the Latino community will increase and the patients will have protection against the Coronavirus. Due to evolving factors, the interventions were not able to be implemented directly, however the team completed a comprehensive literature review and analysis to prove that the suggested interventions will increase vaccination rates and provide protection in this Latino-based community clinic.

Problem Description

The Oakland community clinic offers healthcare to all of the underserved minority groups in the 94601 zip code. However, the Latino community primarily receives healthcare in this clinic due to its predominant Spanish-speaking staff. Moreover, due to the pandemic, the staff was taken away from their regular responsibilities and duties in the clinic in order to take on other roles that would address the COVID-19 vaccinations in the community. These staff members consisted of medical assistants and nurses in which they were assigned to call patients and schedule them to receive the COVID-19 vaccine at the clinic's vaccination site. However, the COVID-19 site supervisor revealed that they have not been able to schedule enough patients for the vaccine. Based on the data collected, only 47% of the Latino patients >65 years of age accepted the vaccine, while 53% of patients refused the vaccine. This piece of data demonstrates that the vaccination rates are low because more than half of the elderly population do not want to receive the vaccine. Unfortunately, when the other COVID-19 vaccine eligibility tiers began to open, the vaccination rates continued to remain low. This is a problem because the Latino Americans experience a "disproportionate burden of COVID-19 morbidity and mortality" (Andrasfay & Goldman, 2021). According to the National Center for Health Statistics (NCHS), the count is now up to 22% of Latino deaths due to the Coronavirus (Andrasfay & Goldman, 2021). Therefore, the quality improvement team was determined to figure out why the Latino patients do not want the vaccine and develop ways to improve the vaccination rates among this community.

After completing an informational interview with the clinic supervisor, it was determined that the clinic's current patient outreach process required changes in order to increase the vaccination rates. It was found that patients were not receiving standardized information about

the COVID-19 vaccines during these calls and there was a lack of investigation regarding the patients' questions and concerns. The staff was provided Q&A sheets for patients who did have questions, however; it was not the focal part of the call. However, education regarding the COVID-19 vaccines is important during these calls because there is mistrust in healthcare especially among minorities (Khubchandani, Sharma, Price, et. al, 2021). They believe the government is trying to control and kill them by injecting the virus, cancer components, and even microchips into them. There are even patients that simply do not yet trust the vaccine because it is difficult for them to believe that an effective vaccine can be created in less than a year. Additionally, most of these patients are receiving this false information from news channels, therefore creating fear in these patients. These questions and concerns clearly prove that the staff calling these patients need to provide education in order to motivate patients to receive the vaccine.

Moreover, due to the unstandardized workflow during these calls, there was also a lack of documentation of patients' responses regarding the COVID-19 vaccines. As a result, the patients were angry and frustrated with the staff because they felt like they were not being heard nor understood because they were receiving multiple calls to schedule these unwanted appointments. The patients received multiple calls because if the medical assistants or nurses were not successful in scheduling vaccine appointments by the first or second attempt, the physicians would call the patients on the third attempt to provide additional COVID-19 information in order for the patients to make an informed decision. Therefore, the patients felt like these healthcare providers were acting like solicitors because they would not leave the patients alone nor accept their refusal for the vaccines.

The rapid changing COVID-19 pandemic and patient outreach process caused stress for the healthcare workers in this community clinic. This was due to the fact that delegation of roles in this patient outreach process was inconsistent, so there were varying staff members throughout the shifts. Additionally, there was also staff shortage due to constant positions changes, therefore the staff experienced burnout. The staff members making the calls even complained about not being provided enough information to give to patients in regards to the vaccine, eligibility, and availability. As a result, they were yelled at by patients and they felt like they could not make any progress with the patients anymore after the multiple attempts. Unfortunately, the clinic decided to stop calling patients in regards to the COVID-19 vaccination because vaccination rates were not increasing with this patient outreach process.

Available Knowledge

The PICOT question used for the literature search and synthesis for the Oakland's community clinic COVID-19 vaccination improvement project asks: In patients who are receiving a phone call to schedule a COVID-19 vaccine appointment (P), will educating the staff on a multimodal standardized outreach intervention (I), compared to the current outreach process (C), improve COVID-19 vaccine uptake (O), in 4 weeks (T). The databases that were used to collect data and conduct literature review include: CINAHL, google scholar, PubMed, and government websites. In order to answer the PICO question, keywords were used in these databases while searching for articles. The search terms used were: *vaccination hesitancy, COVID-19 vaccine, Latino OR Latina OR Latinx, COVID-19 vaccine, population hesitancy, vaccine motivation, vaccine education, vaccine literacy, and outreach.* Additionally, the search options in the databases were narrowed by selecting only peer-reviewed articles in English and evidence-based practice studies, published mostly after the year 2015. Ten plus articles were

chosen because the information provided in these articles are relevant to the project topic and give insight on Latino population during COVID-19 pandemic.

The government website that was used to obtain COVID-19 information was from the Centers of Disease Control and Prevention (CDC) website. The CDC is a trusted source because it is a national public health institution and a United States Federal Agency. Moreover, the CDC provides healthcare providers recommendations on how to have effective phone conversations with their patients regarding the COVID-19 vaccine (CDC, 2020). The techniques that were suggested include starting off being empathetic towards patients, educating patients on the importance of receiving the vaccine, and listening to and responding to the patients' questions. These recommended techniques will assist this community clinic's health care providers in approaching their patients and motivating them to accept the COVID-19 vaccine.

In a descriptive research study, Andrasfay and Goldman (2020) revealed that the Coronavirus is heavily targeting the Latino population, which has led to a reduction in this population's life expectancy. Moreover, the risk for COVID-19 mortality is higher in patients with chronic conditions such as obesity, hypertension, cancer, diabetes, and heart diseases (Andrasfay and Goldman, 2020). Unfortunately, most of the Oakland's community clinic patients are diagnosed with one of these conditions, therefore their lives are in danger. These findings are useful to include during patient phone calls because the patients will understand their risk factors, which will then guide them to make an informed decision to receive the vaccine immediately.

Dube et al. (2013) provided the definition for the term vaccine hesitancy and included the list of reasons on why patients are hesitant in receiving the COVID-19 vaccine. The authors of this peer-reviewed article are experts on this topic, which is why they included effective

strategies to address patient vaccine hesitancy. Although there are numerous ways to approach hesitant patients, it is suggested that the priority for healthcare providers is to first establish trust with the patients when communicating with them. This article is relevant to the project because the strategies provided by these experts, helps guide staff on how to approach patients about the vaccine and build trust regarding the COVID-19 vaccines.

Khubchandani, Sharma, Price, Wiblishauser, Sharma & Webb (2021) discovered that racial and ethnic minorities are more likely to refuse the COVID-19 vaccine. These authors have valid findings since they collected data by using a multi-item questionnaire they created based on will prove to the clinic supervisor that the implementation of the team's new interventions is necessary to address the Latino vaccination hesitancy in the Oakland clinic. The new interventions developed by the team will improve the patients' confidence about the vaccine, thus refusal rates will drop and vaccination uptake would increase in this community.

Stinchfield (2008) reported various types of successful interventions that have been practiced and proven to increase vaccination rates in the healthcare setting. For example, the article validates the teams' intervention in the provider including patient education during the COVID-19 vaccine phone calls. It has been proven that providing vaccine education during these calls increases vaccination uptake because the patients would be receiving the education necessary to make a decision for themselves. In this American Journal of Medicine, the study was based on improving the vaccination rates for the Influenza vaccine, however, the techniques provided can be utilized for the COVID-19 patient outreach process as well.

Moran et al. (2017) revealed the several factors that affect influenza vaccination and vaccine safety confidence among the Latino population. It was found that this population was not confident in receiving the vaccine and this was mainly due to health illiteracy. This is important

information because educational material that is easy for these patients to understand is necessary when making the COVID-19 vaccine phone calls. As a result, the team was able to utilize this information and create a patient-friendly educational material in order for patients to build the confidence within themselves after learning about the vaccine.

Rationale

According to Hussain, Lei, Akram, Haider, Hussain, and Ali (2016), changes may be necessary in healthcare organizations in order to function effectively. The Lewin's change model is a change theory that is an excellent tool to use to implement change in a healthcare setting. The Lewin's change model includes three stages, which are the unfreezing stage, the changing stage, and the freezing stage. This model was utilized in this project for organizational change in the community clinic. The quality improvement team began the unfreezing process by seeking to create the perception that change is needed. In this case, change was needed due to insufficient vaccination appointments scheduled, thus putting the Latino community at risk during this pandemic. Next, the team would ideally generate buy-in from staff to implement the proposed change. After approval, the team would then move into the changing stage in which the new interventions would be implemented into the patient outreach process. These interventions implemented are standardized education and documentation in the patient call outreach process. Lastly, is the freezing stage in which the team would anchor the changes into the clinic by providing feedback to the staff regarding the key metric. In this case, the staff will understand that these changes will increase the vaccination rates within this Latino community.

Specific Project Aim

This COVID-19 quality improvement project focuses on improving the current patient outreach process in a specific community clinic in Oakland, California. The specific aim in this

project is to increase vaccination uptake in 4 weeks among the Latino community in this 94601 zip code. The process begins with completion of a microsystem and community assessment and ends with increased vaccination rates. By working on this process, not only does the team expect improvements in the vaccination rates, but also improvement in efficiency for the vaccine outreach process, increased knowledge surrounding vaccine hesitancy, and decreased stigma or misinformation regarding vaccinations such as the COVID-19 vaccine. Additionally, expectations are to decrease incidence in the COVID-19 infection, decrease barriers for vaccine access, increase staff competency and satisfaction. This project is important to work on now because the world is currently still in the middle of the COVID-19 pandemic and the newly developed vaccines are crucial in preventing COVID-19 transmission and infection, especially among this high-risk Latino community.

Section III: Methods

Context

The clinical microsystem assessment's five P's such as the purpose, patients, professionals, processes, and patterns were utilized in this project to collect information about the clinic environment and understand its dynamic nature. The team was then able to develop solutions, implement the interventions in the clinic's patient call center, and then evaluate the interventions to increase the COVID-19 vaccination uptake in Oakland's community clinic patients. The purpose of this quality improvement project is to assist the community clinic to overcome its barriers in the COVID-19 vaccine patient outreach process. The current plan in the clinic is not functioning well because there have not been enough patients receiving the COVID-19 vaccines. The quality improvement team has developed an effective plan that will prepare the COVID-19 clinical staff when speaking to the patients about the COVID-19 vaccine over the

phone. However, the overall aim is to increase the vaccination rates at the community clinic to provide safety against the Coronavirus.

The majority of the patient population in this clinic consists of the Latino community. Moreover, the Latino population is hesitant about receiving the vaccine and about half of these patients have not scheduled their vaccine appointments. This is an issue because the Latino community is at higher risk for contracting the virus and potentially face serious complications due to the effects of the virus (Karout, Serwat, El Mais, et. al, 2020). The focus is to prioritize this high-risk population and motivate them to become vaccinated as soon as it is available to them.

Oakland's community clinic has dozens of employees working as part of the COVID-19 team. The employees in the COVID-19 team were already clinical staff at the clinic before the Coronavirus pandemic, however; half of them were sent to participate as frontline healthcare workers in the COVID-19 team. The team includes medical assistants, registered nurses, physicians, PrimaryBio employees, and the COVID-19 vaccination site supervisors. The only new set of employees in the COVID-19 team were the PrimaryBio employees. The PrimaryBio company and employees were an addition to the COVID-19 team because the company helped improve the vaccination site process (Primary, 2021). This company implemented a faster registration process in the vaccination site by having patients register ahead of time online, thus reducing the extra time patients usually wait for their vaccine appointment. Moreover, the healthcare providers such as medical assistants, nurses, and physicians were the ones conducting the calls to schedule patients for the COVID-19 vaccine.

The Coronavirus pandemic was an unexpected global emergency that clinics were not prepared for. The Oakland clinic has been working hard to provide the best care to their patients

during this time, but it has been difficult to stay organized and keep their patients informed regarding the COVID-19 vaccine. On January 11th, 2021, the clinic received the COVID-19 vaccine Moderna to begin vaccinating the Latino community patients. Therefore, the medical assistants and nurses began calling as many eligible patients for the first month and a half. During the patient calls, the employees did not have a standardized workflow to follow when communicating with the patients, so they were struggling to communicate effectively with the patients. The employees were only given a basic fact sheet about the side effects of the vaccine to use when talking to the patients. However, this information was not appropriate as it did not include other crucial information such as the benefits of getting the vaccine, the components of the vaccine, and effectiveness/safety of the COVID-19 vaccine.

As a result, there has been a consistent pattern of patients rejecting the COVID-19 vaccine. As stated, 30-50% of the patients have chosen not to receive the COVID-19 vaccine. This is due to the fact that patients did not receive the needed information by the staff that would motivate them to receive the vaccine. In addition, some patients felt rushed and/or bothered during their phone calls because they felt like they were not being heard and were repeatedly being called. As a result, most of the patients were hesitant so they simply shut down the option to receive the vaccine. Additionally, most patients were not able to comprehend the information about the COVID-19 vaccine given their low level of education. Overall, the patients were not properly educated, and their concerns were not being addressed, causing hesitancy and rejection of the vaccine.

In addition, the PDSA cycle is a four-stage problem-solving model that was used to improve the patient call process and increase the vaccination rates among the Latino community (See Appendix C). The team completed two PDSA cycles throughout this entire process. The

focus of the first PDSA cycle was based on the in-person vaccination site process. The group planned to implement changes that would speed the vaccination process up because during the microsystem assessment, the wait lines for patients were too long. Not only did this wait time bother patients due to standing for an hour, but this ultimately affected the physically ill patients that were not capable of standing for this long period of time. The plan was to recruit volunteers to walk down the lines to assist patients in filling out and translating their registration forms in order for patients to check in for their appointments on time. In addition, patient education in the post-vaccination waiting area was also intended by displaying an informational COVID-19 vaccine video. These interventions were intended because most of the patients in this clinic are illiterate, meaning they are unable to read the forms provided to them at the vaccination site. However, this PDSA cycle was not continued because the focus of the project changed. The focus changed because PrimaryBio was implemented, which then made improvements in the vaccination process by speeding up process.

Therefore, the project team developed a new PDSA cycle in which the COVID-19 vaccination patient outreach process became the new focus. The plan began by completing an assessment of the vaccination scheduling process and then an informational interview with the staff and supervisor to get insight on the current process. After finding the gaps and the improvement areas in the process, the team conducted a literature review. With the information from the staff and the collection of literature, new interventions were developed to improve the outreach process. Unfortunately, the interventions were not implemented due to the fact that the clinic discontinued the patient calls. Therefore, there were no outcomes that were evaluated, so the results were based on the information retrieved from the literature review. The team settled on a hypothetical project that ensures positive outcomes based on evidence-based practice.

The SWOT analysis was utilized as well as a technique to assess the four aspects such as the strengths, weaknesses, opportunities, and threats of the quality improvement plan (See Appendix D). The strength in this microsystem is that the clinic is an established and well-known community-based clinic. This means that patients are most likely receiving calls about the vaccine by healthcare providers that they already know and have some level of trust. The clinic also has skilled and knowledgeable staff that are able to identify barriers in the process and capable of carrying out the newly developed interventions. It was also beneficial that there were existing educational materials provided to the staff to use during the patient calls, so additional information was simply added to cover all of the patients' questions and concerns. By having access to county and CDC information, it was possible to collect reliable COVID-19 vaccine information to present to the patients. However, there are weaknesses in the clinic that affect the patient outreach process. The project has financial limitations due to the clinic's current budget. The clinic is experiencing a loss of revenue due to the continued limit of in-person operations. Additionally, there are weekly changes to the vaccination and phone call process to address the evolving COVID-19 situation. Moreover, there are a few areas of opportunity that would help to increase the vaccination rates in the Latino community in this clinic. Support is needed from other community-based clinics in the county. In addition, it would be helpful for there to be media coverage of the vaccination site to spread awareness of the vaccination opportunity. Outreach in local churches, grocery stores, senior centers can also assist to raise awareness of the vaccines. However, there are threats faced throughout this COVID-19 vaccination scheduling process. There is a possibility that the clinic can be short supply of vaccines, which may lead to site closure and patients would not be able receive the vaccine. Patients also have vaccine hesitancy, which is fear based. Media misinformation is one of the factors that causes this fear,

so patients end up not accepting the vaccine education and do not schedule their vaccine appointment.

Cost Benefit Analysis

The Oakland community clinic has experienced a financial impact due to the COVID-19 pandemic. There has been a decrease in revenue in the clinic, resulting in a $3,000,000 loss of monthly revenue (Katoni & Sparling, 2020). This is due to the low patient census coming into the clinic ever since the pandemic started. However, the clinic is making a positive impact in the community as they are offering the COVID-19 vaccine to their patients and other community members. This is important because 15 to 20 percent of patients are hospitalized due to COVID-19 complications. The COVID-19 hospital bills are expensive and the average cost per hospital stay for uninsured patients is about $73,300 (Fair Health, 2021). The majority of the Latino population in this area are either uninsured or underinsured, so most of them cannot even afford to pay expensive hospital bills. Luckily, the vaccinations are free to the patients and provide protection to patients against this virus. Moreover, the interventions developed by the project team require financing in order to improve the patient vaccination outreach process, which results in an increase in vaccination rates and a decrease in hospitalizations in this Latino population due to COVID-19 complications.

The team created a cost benefit analysis chart to demonstrate the finances of the project (see Appendix E). The Clinical Nurse Leaders (CNL), will work to create education materials, training materials, and development of a script to be read during the patient calls. The CNL will work 4 hours at a pay rate of $60 an hour, so the total cost for them is $240. They will also then train the registered nurses on the new workflow and educational material for 2 hours. Due to their hourly $60 pay and 2-hour training course, the CNL will then receive an additional $120.

There will be a total of 10 nurses needed for 2 hours and their hourly pay is $35 an hour, so this will amount to $700 total for their training time. In addition, paper for training materials are needed and 1 ream of 500 sheets of paper is a total of $5. The team will also need 1 cartridge of printer color (blank ink) which will cost $80.39. Overall, for the entire project interventions cost comes to a total of $1,145.39, which puts the clinic in $3,001,145.39 in revenue loss. However, the outcome of implementation of interventions is increased vaccination rates in the community that will build herd immunity against the virus. As a result, there will be a return of patients into the clinic, thus the revenue will increase back to the $3,000,000 monthly.

Interventions

The quality improvement team developed multimodal standardized outreach interventions to improve the patient outreach process performance at the community clinic. The first step to improve the patient outreach calls is to hire staff and volunteers and have them dedicated to the patient call center. Next, the CNL would then create a standardized outreach process for the call center to use during patient calls. A standardized phone script will be given to staff to provide a step by step process of the typical phone conversation they will have with the patients. In addition, the phone conversation will begin by using a survey (see Appendix F) created by the team. The survey consists of questions that ask patients about their knowledge of COVID-19 and the vaccine, as well as where they obtain their information regarding the vaccine. They will also be asked if they plan to receive the COVID-19 vaccine and if there are any questions or concerns that need to be addressed. This pre-survey will help prepare the employees on how to approach their patients about the vaccine. As the staff asks the patients these questions, they will use motivational interviewing techniques (see Appendix H). By motivational interviewing patients, the nurses making these calls will listen to the patients with empathy,

understand their motivations, and then empower them to make the right decision. Meanwhile, the nurses will be recording the patients' responses in the electronic health record (EHR) in order to have evidence of the conversations with patients. If the patients do not want the vaccine, they will be flagged in the chart so that they are not repeatedly called by the healthcare providers. Moreover, the staff will be able to address the questions and concerns about the vaccine by utilizing the educational material that the team put together (see Appendix G). In the article, "Restoring Confidence in Vaccines in the COVID-19 era" vaccine experts Verger and Dube (2020), stated that educational measures are preferred as they help the patients to understand the value of vaccination. The educational material includes every question possible regarding the COVID-19 vaccines and even response examples for the staff. The facts provided in this educational material comes from reliable sources such as the latest news from the CDC and scholarly peer-reviewed articles. The educational materials were even made to be patient-friendly, so the information will be easy for patients to understand over the phone. Lastly, the patients will be thanked for their time and will be asked to complete an anonymous and confidential Post patient experience survey (see Appendix I). The survey consists of questions asking the patients to rate the service provided by the nurses and if it was easy for them to schedule a vaccine appointment. It is important to know that the employees will receive training on these interventions in order to excel in the project. Overall, by the end of the call, the patients will be scheduled for a COVID-19 vaccination appointment.

Study of the Interventions

The first stage in Lewin's change theory is the unfreezing stage, in which the need for change is recognized. For this project, a multimodal standardized patient outreach process is needed to have an effective phone conversation with patients regarding the COVID-19 vaccine.

Hypothetically, the changing stage includes implementing the newly developed interventions created by the team into the Family Medicine unit at the Oakland community clinic. The first step is hiring staff and volunteers in order to prevent staff burnout and shortage. The staff will be assigned to a patient call center, which has been proven to be a "key driver of service selection and customer retention" (Kappa, McClain, Wallace et. al, 2020). In addition, a standardized phone script/workflow will help keep the phone calls with patients as smooth as possible and all of the information provided by the callers will be the same. According to Kappa, McClain, Wallace et. al (2020), a simplified, streamlined workflow used by call center staff contributes to improved call handle times and a satisfactory resolution during each patient call. Furthermore, the calls will begin with the patients answering questions from the survey asking what they know about the COVID-19 vaccine and if they are planning on receiving it. The nurses will use the motivational interviewing technique because it is a method that helps patients resolve ambivalent feelings and insecurities, which helps them find the motivation within themselves to change their minds and behaviors to receive the vaccine (SAMHS, 1999). In addition, documenting the patient conversations is important in order for patients not to receive multiple calls repeating the COVID-19 vaccine information. The frustration in patients will decrease as they will not be receiving many calls for the COVID-19 that they decided not to receive. Furthermore, it has been proven that education and recommendations made by the providers while talking to their patients increases vaccination rates (Stinchfield, 2008). As a result, the Latino patients in this community will more likely receive the COVID-19 vaccine due to the new and improved education materials that are patient friendly to the Latino population. Lastly, the patients completing the patient experience surveys at the end of the phone call, would be satisfied because they received information that was easy for them to understand and accept. For the refreezing stage, the steps

are to institutionalize the changes into the unit. In regards to vaccination appointments, the staff will be told that their hard work has led to an increase in vaccination rates, thus the plan was successful and must be continued. In order to monitor the continuation of the interventions, the data documented into the medical records and patient surveys will be reviewed. In addition, documentation will be also checked in the medical records and a cosigner will verify the patient call to flag the patient to not be called again. These steps will be done in order to adjust the interventions as needed to continue increasing the COVID-19 vaccine uptake in the Latino community.

Measures

Moreover, the team used a PDSA cycle to develop an effective COVID-19 vaccine patient outreach process plan to then test the change in the clinic. The plan was developed by completing an informational interview with the staff to learn about the needs of the clinic. However, because the new multimodal standardized outreach process was not implemented, literature reviews were conducted to collect reliable data to validate the teams project. Moreover, in a hypothetical standpoint, the quality improvement project would focus on the success of the intervention by comparing the number of vaccine appointments made after the implementation of the intervention and the number of vaccine appointments made before the implementation of the intervention. Therefore, after evaluating the difference in the number of vaccines scheduled after implementation of the intervention, the team would ideally meet with the stakes holders and modify the outreach process as needed.

Ethical Considerations

Ethics played an important role when implementing this quality improvement (QI) project. If the interventions would have been implemented, the patients and staff would have

participated in this change voluntarily. In addition, there was no conflict of interest throughout this project with the clinic supervisor, clinical instructor, or within the members of this project. The QI project has been approved by the University of San Francisco School of Nursing and Health Professions Master of Science in Nursing - Clinical Nurse Leader program faculty using QI review guidelines (see Appendix A). Based on the university policy, the QI project does not require Institutional Review Board (IRB) review.

In this Quality Improvement project, Jesuit core values were considered and reflected through the entire process. At the University of San Francisco, the Jesuit values include “taking action against the things that degrade human dignity; tending to the whole person’ uniting the mind and heart; amplifying the voices of the underserved, disadvantaged, and poor" (University of San Francisco, n.d.). Additionally, two provisions from the ANA Code of Ethics are focused on throughout this project. The first is Provision One, which reveals that nurses must practice with “compassion and respect the inherent dignity, worth, and unique attributes of every person” (American Nurse Association, 2015). The second is Provision Three, and this one reveals that the nurse must promote, advocate for, and protect the rights, health, and safety of the patient (American Nurse Association, 2015). In this project, the team aim is to educate patients about the COVID-19 vaccine and how it provides them protection against this dangerous virus. However, the team must protect the patients’ rights by letting them make an informed decision about the uptake of the COVID-19 vaccine and respecting them and their decisions.

Results

Moreover, the new COVID-19 patient outreach interventions were not implemented within this Oakland community clinic. This is due to the fact that the clinic stopped making patient calls because there was no improvement in the vaccination rates among the Latino

community. This was unexpected because making patient calls is one of the few ways to communicate with patients during this COVID-19 pandemic. However, the team completed a hypothetical project and created a Gantt Chart to demonstrate the timeline of the creation of the new standardized outreach process (see Appendix B). The team began developing the project beginning February 2021 and ending May 2021, thus a total of an 18-week process. However, encouraging the clinic to use the new interventions created because it is projected that vaccinations rates will increase within weeks of implementation of the interventions (Stinchfield, 2008).

Section V: Discussion

Lessons Learned

The project team discovered that the Oakland community clinic needed to implement interventions that would motivate the Latino community to receive the COVID-19 vaccine. With the use of the current patient outreach process, the patients were being rushed to make a decision in receiving the vaccine, without being provided sufficient information. The staff were provided vaccine education sheets, however; the information was not used accordingly with the patients and was not difficult for the Latino community to understand. However, the team found that standardized multimodal interventions would improve the vaccination uptake within this community. This is due to the fact that the outreach process would be more organized, and the new educational material would include valuable information that would help patients make the right decision to get the COVID-19 vaccine.

However, there were a number of barriers throughout the process of the project. First, the team was unable to implement the interventions and evaluate them because there was no buy-in due to evolving nature of the COVID-19 pandemic. In addition, the team only had 3 to 4 months

dedicated to the entirety of the project, which is a limited time period to complete the project. The project was also completed remotely, which caused a delay in communication between the clinical staff and students involved in this project. Also, shifting priorities to address changing vaccine eligibility was not communicated in a timely manner. There was also a lack of knowledge regarding the CNL role because it is a new role in the clinical setting. Therefore, it has been difficult utilizing the CNL role efficiently. Moreover, the clinic has been experiencing financial constraints during the pandemic. As a result, there has been limited staff and patients in the clinic.

Additionally, the team also experienced limitations throughout the project. The problem was that the eligibility tiers to receive the COVID-19 vaccine were changing every few weeks. Therefore, it was difficult to focus on a certain particular age group throughout the project. Furthermore, there was a lack of historical evidence of the virus due to the new viral discovery. Also, the informational interviews were done with 3 staff members that have different responsibilities in the clinic. Therefore, the evidence was based on their perspectives and each had their own different knowledge and ideas in regards to the improvement project. This is the type of information others need to know in case replication of the study is done.

Conclusion

This improvement project can impact the practice in various ways. It can be used as an example of how to approach patients when discussing important healthcare information. The project even demonstrates the importance of staff buy-in and having a coordinated process in a clinical setting. Most importantly, COVID-19 will not be eliminated anytime soon due to the new variants coming as a threat to the world. The QI team recommends others to collect all the data necessary to move forward in similar projects like this one. This helps prevent any delays in

the project as there would not be a need to figure out if the project will succeed. In addition, it is important to know that the events that come with COVID-19 are constantly changing, so it is crucial to keep up-to-date with the latest information to implement relatable interventions. The COVID-19 pandemic is currently continuing, and the new interventions created by the team, will lead this community clinic to an increase in vaccination rates among the Latino community.

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Section VII: Appendices

Appendix A. Project: Statement of Determination & Non-Research Determination Form

Student Name: Jesly Esparza

Title of Project:

Overcoming COVID-19 Vaccination Hesitancy and Increasing the Vaccination Rates at an Oakland community clinic.

Brief Description of Project

- **Data that Shows the Need for the Project:**
  Based on the observations made by the USF graduate students and the Oakland community clinic, there are not enough eligible patients receiving the COVID-19 vaccine. There are patients that are scheduled to receive the COVID-19 vaccine, yet some of these people cancel their appointments days before or do not show up to their appointments. The reasoning for these patients is that they have concerns regarding the COVID-19 vaccine, so they are not comfortable receiving it.
- **Aim Statement**
  At the Oakland community clinic, we aim to implement integrative education and outreach strategies in order to increase vaccination rates within the next 3 weeks.
- **Description of Intervention(s)**
  Our clinical group would like to improve the vaccination rates at an Oakland community clinic. Our goal is to call the eligible patients that have refused the COVID-19 vaccine and ask them to give us their reasoning. Then we would address their concerns and answer their questions by providing them the education regarding the vaccine. My clinical group and I

will develop an educational worksheet that will be used during our phone calls with these patients. In addition, we would like to encourage the Oakland community clinic patients to receive the vaccine through social media. We were recommended to set up a photo booth at the vaccination site as a way to make the vaccination process a fun experience for patients. We would then ask the patients to post their pictures and tag the Oakland community clinic onto their social media posts (ex. Facebook, Instagram, etc). We believe that social media has a great influence on society, thus attracting more people to receive the vaccine.

- **Desired Change in Practice**

  Create an effective and efficient way to encourage more patients to receive the COVID-19

- **Outcome measurement(s)**

  We are hoping to see an increase in vaccination rates by comparing the percentage of people vaccinated before and after our interventions have been implemented.

To qualify as an Evidence-based Change in Practice Project, rather than a Research Project, the criteria outlined in federal guidelines will be used: (http://answers.hhs.gov/ohrp/categories/1569)

☐ **This project meets the guidelines for an Evidence-based Change in Practice Project as outlined in the Project Checklist (attached). Student may proceed with implementation.**

☐**This project involves research with human subjects and must be submitted for IRB approval before project activity can commence.**

Comments:

EVIDENCE-BASED CHANGE OF PRACTICE PROJECT CHECKLIST *

Instructions: Answer YES or NO to each of the following statements:

Project Title:	**YES**	**NO**
The aim of the project is to improve the process or delivery of care with established/ accepted standards, or to implement evidence-based change. There is no intention of using the data for research purposes.	**x**	
The specific aim is to improve performance on a specific service or program and is a part of usual care. ALL participants will receive standard of care.	**x**	
The project is NOT designed to follow a research design, e.g., hypothesis testing or group comparison, randomization, control groups, prospective comparison groups, cross-sectional, case control). The project does NOT follow a protocol that overrides clinical decision-making.	**x**	

Appendix B. Gantt Chart

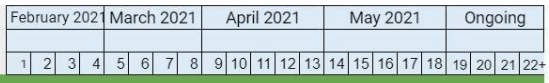
GANTT CHART

TIMELINE: CREATION & IMPLEMENTATION OF STANDARDIZED OUTREACH PROCESSES

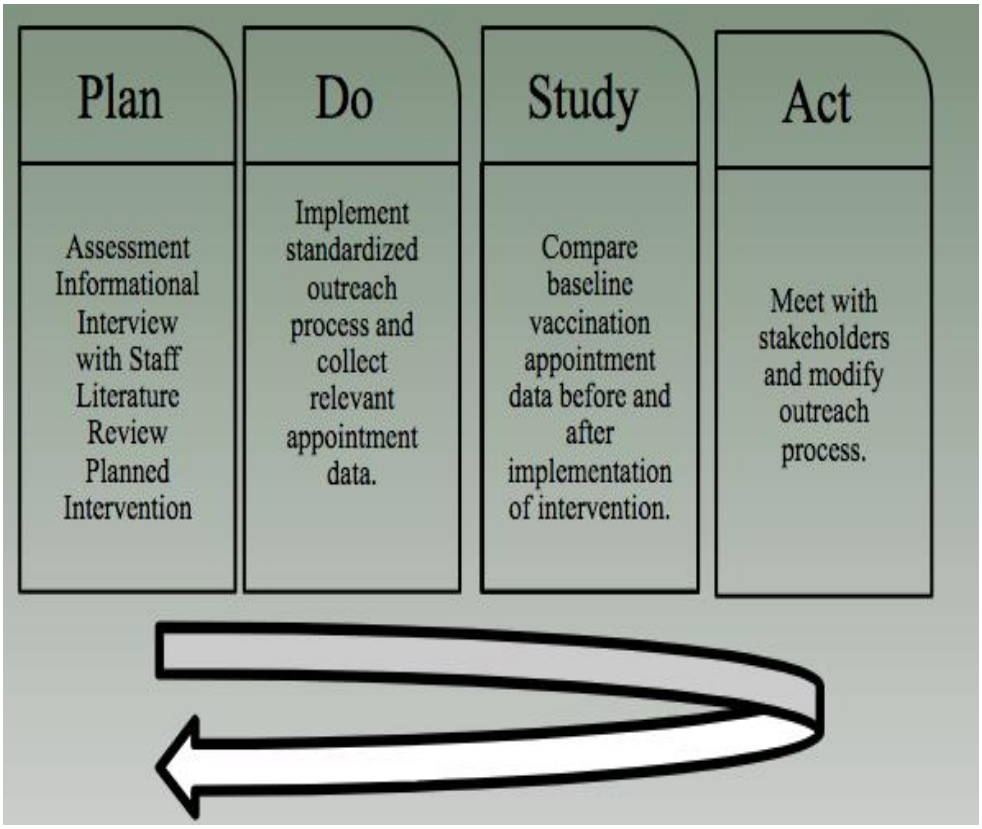
Begins: Feb 2021 **Ends: May 2021**

Total: 18 weeks

TASK TITLE	START	END	DURATION (weeks)
PLAN			
Define the project	Week 1	Week 1	1
Develop AIM	Week 2	Week 2	1
Microsystem assessment	Week 3	Week 3	1
Develop interventions	Week 4	Week 5	2
Create measurements, outcomes, processes, and balancing	Week 4	Week 5	2
Review literature	Week 4	Week 5	2
Identify changes to test	Week 5	Week 5	1
Development of staff training material	Week 5	Week 5	1
DO (hypothetical)			
Implementation of revised process and procedure	Week 6	Week 10	4
Staff training/inservice	Week 6	Week 7	2
Establish co-signer for patient charting/documentation	Week 6	Week 6	1
STUDY (hypothetical)			
Evaluation and ongoing performance improvement	Week 7	Week 12	5
Evaluate call center: rate of answered phone calls/phone calls made	Week 7	Week 12	5
Compare number of patients who scheduled an appointment compared to number of calls made before intervention	Week 7	Week 12	5
Patient expereince survey	Week 7	Week 13	6
Weekly evaluation of documentation adherence	Week 7	Week 12	5
ACT (hypothetical)			
Adopt, adapt or abandon cycle	Week 13	Week 18+	5+



Appendix C. PDSA Cycle



Appendix D. SWOT Analysis

Strengths	Weaknesses
• Established, well-known community-based clinic • Skilled and knowledgeable staff • Existing educational materials • Access to county and CDC information	• Financial limitations due to budget • Loss of revenue due to continued limit of in-person operations • Weekly changes to vaccination and phone call process to address evolving COVID-19 situation
Opportunities	**Threats**
• Support from other community-based clinics in the county • Media coverage of vaccination site • Outreach in local churches, grocery stores, senior centers to raise awareness	• Short supply of vaccines may lead to site closures • Patients not accepting education and therefore, not setting up vaccine appointment • Vaccine hesitancy which is fear-based • Media misinformation

Appendix E. Cost Benefit Analysis

Costs	Calculations	Totals
COVID-19 Related Revenue Loss		
Decrease in revenue for the clinic during COVID-19 pandemic	$3,000,000 loss of monthly revenue	($3,000,000)
Implementation Costs		
CNL work to create educational materials, training materials, and development of a script to be read during calls over four hours	$60/hour x 4 hours = **$240**	($240)
Paper for training materials	1 ream of 500 sheets= **$5**	($5)
Employee Training for 10 registered nurses over two hours	$35/hour x 2 hours = $70 x 10 employees = **$700**	($700)
Training conducted by CNL over two hours	$60/hour x 2 hours = **$120**	($120)
Printer Color/Black Ink	$80.39 x 1 cartridge = **$80.39**	($80.39)
Total Costs		($1145.39)
Total Revenue and Costs		($3,001,145.39)
Total Increase in Revenue After Implementation of Proposal	Return of patients who have not attended La Clínica in person due to COVID-19	$3,000,000

Appendix F. Pre-Survey

REAL Survey “Listen to your Heart” - (charting in EMR)

1. Where do you get your information about COVID-19 from? De donde obtiene su información sobre el COVID-19?
    a. What do you know about COVID-19? ¿Qué sabe acerca del COVID-19?
2. Have you tested positive for COVID-19? ¿Ha dado positivo en la prueba de COVID-19?
3. Where do you get your information about the COVID-19 vaccine from? De donde obtiene su información sobre la vacuna para el COVID-19?
    a. What do you know about the COVID-19 vaccine? ¿Qué sabe acerca de la vacuna?
4. Do you have any concerns about the COVID-19 vaccine? Tiene preguntas o preocupaciones acerca de la vacuna del COVID-19?
5. Are you aware of your eligibility for the COVID-19 vaccine? Usted sabe si es elegible para la vacuna contra el COVID-19?
    a. Yes: How did you know about your eligibility? ¿Cómo supo de su elegibilidad ?
    b. No: Do you know how to find information about your eligibility? ¿Sabe cómo encontrar información sobre su elegibilidad?
6. Do you receive other recommended vaccines like the flu vaccine? ¿Recibe otras vacunas recomendadas como la vacuna contra la gripe?
7. Have you been recommended to get the COVID-19 vaccine? Le han recomendado recibir la vacuna contra el COVID-19?
    a. Yes: By who? Por quien?

Appendix G. Patient-Centered Educational Material

Patient Responses/Statements	Health Professional Response
How do we know that these vaccines are safe when they are so new? Couldn't they cause problems that we don't know about yet? What about long-term problems?	COVID-19 vaccines are being tested in large clinical trials to assess their safety. However, it does take time, and more people getting vaccinated before we learn about very rare or long-term side effects. That is why safety monitoring will continue. CDC has an independent group of experts that reviews all the safety data as it comes in and provides regular safety updates. If a safety issue is detected, immediate action will take place to determine if the issue is related to the COVID-19 vaccine and determine the best course of action.
Can COVID-19 vaccine make me sick with COVID-19?	No. None of the authorized and recommended vaccines contain the live virus that causes COVID-10. This means the vaccine cannot make you sick with COVID-19. There are several different types of vaccines in development. All of them teach our immune systems how to recognize and fight the virus that causes COVID-19. Sometimes this process can cause symptoms. These symptoms are normal and a sign that the body is building protection against the virus that causes COVID-19.
Will a COVID-19 vaccine alter my DNA?	No. MRNA vaccines do not change or interact with your DNA in any way. mRNA vaccines teach our cells how to make a protein that triggers an immune response. COVID-19 mRNA vaccines work with the body's natural defenses to safely develop immunity to disease.
Is there a microchip in the vaccine?	No, there is no microchip in the vaccine. These claims are baseless and false. The vaccine vials have a list of ingredients made clear so consumers can read them. These are also accessible via the internet.
How much will the shot hurt?	Your arm may be sore, red, or warm to the touch. These symptoms usually go away on their own within a week.

After getting a COVID-19 vaccine, will I test positive for COVID-19 on a viral test	No. Neither the recently authorized and recommended vaccines nor the other COVID-19 vaccines currently in clinical trials in the United States can cause you to test positive on viral tests, which are used to see if you have a current infection
The COVID-19 vaccine was rushed to the market or the science was rushed.	The COVID-19 vaccines from Pfizer/BioNTech and Moderna were created with a method that has been in development for years, so the companies could start the vaccine development process early in the pandemic China isolated and shared genetic information about COVID-19 promptly, so scientists could start working on vaccines. The vaccine developers didn't skip any testing steps, but conducted some of the steps on an overlapping schedule to gather data faster. Vaccine projects had plenty of resources, as governments invested in research and/or paid for vaccines in advance. Some types of COVID-19 vaccines were created using messenger RNA (mRNA), which allows a faster approach than the traditional way that vaccines are made. Social media helped companies find and engage study volunteers, and many were willing to help with COVID-19 vaccine research. Because COVID-19 is so contagious and widespread, it did not take long to see if the vaccine worked for the study volunteers who were vaccinated.
The vaccine affects fertility in women.	Confusion arose when a false report surfaced on social media, saying that the spike protein on this coronavirus was the same as another spike protein called syncitin-1 that is involved in the growth and attachment of the placenta during pregnancy. The two spike proteins are completely different and distinct, and getting the COVID-19 vaccine will not affect the fertility of women who are seeking to become pregnant, including through in vitro fertilization methods. During the Pfizer vaccine tests, 23 women volunteers involved in the study became pregnant, and the only one who suffered a pregnancy loss had not received the actual vaccine, but a placebo.

I've already had COVID-19, so I don't need to get the vaccine.	People who have gotten sick with COVID-19 may still benefit from getting vaccinated. Due to the severe health risks associated with COVID-19 and the fact that re-infection with COVID-19 is possible, people may be advised to get a COVID-19 vaccine even if they have been sick with COVID-19 before. Yes, you should be vaccinated regardless of whether you already had COVID-19. That's because experts do not yet know how long you are protected from getting sick again after recovering from COVID-19.
The side effects of COVID-19 vaccine are dangerous.	The COVID-19 vaccine can have side effects, but the vast majority are very short term —not serious or dangerous. The vaccine developers report that some people experience pain where they were injected; body aches; headaches or fever, lasting for a day or two. These are signs that the vaccine is working to stimulate your immune system.
I won't need to wear a mask after I get the vaccine	-It may take time for everyone who wants a COVID-19 vaccination to get one -While the vaccine may prevent you from getting sick, it is unknown at this time if you can still carry and transmit the virus to others. Until more is understood about how well the vaccine works, continuing with precautions such as mask-wearing and physical distancing will be important.
You can delay routine vaccinations until after the pandemic is over	No, you should keep up to date with any important adult vaccinations and ensure children are kept up to date as well. There are ways to ensure decreased risk of exposure and still allow you to get necessary vaccines.
I heard the vaccine can alter the results of my mammogram. I am concerned - does this mean the vaccine will give me breast cancer?	No, the vaccine will not give you breast cancer. The reports regarding mammogram results being influenced by the COVID vaccine are based on the potential side effect of swollen lymph nodes. There are lymph nodes located in the breasts, and the vaccine may cause them to swell. This is not uncommon, and it is a normal response to the vaccine. If you plan on having a mammogram soon after receiving the vaccine, please contact your provider to let them know about your appointment.

The COVID-19 vaccine was developed with or contains controversial substances	The first two COVID-19 vaccines to be authorized by the FDA contain mRNA and other, normal vaccine ingredients, such as fats (which protect the mRNA), salts, as well as a small amount of sugar. These COVID-19 vaccines were not developed using fetal tissue, and they do not contain any material, such as implants, microchips or tracking devices.
Will it interfere with any medications?	The vaccine should not interfere with most common medications like blood pressure medications, diabetes medications, and thyroid medications. If you are on immunosuppressant medications (chemotherapy, high dose steroids), it is important to ask your doctor about specific medications.
Will it be safe for people with low or high blood pressure? High cholesterol?	Yes, this vaccine is safe in people with medical conditions like high blood pressure, DM, and high cholesterol. Patients with all of these conditions were included in the vaccine trials.
Is it safe for older people?	Yes, the vaccine is safe in people of all ages >18yo for Moderna. More than 20% of the patients in each of the trials were older than 65% years. It is especially important to get vaccinated if you are older given how dangerous the virus can be in the elderly/
If you are allergic to egg (flu vaccine) can you still get the COVID vaccine?	Yes, there are no egg products in the vaccine so you can still get the vaccine

Appendix H. Motivational Interviewing Techniques & Example

When beginning a motivational interviewing session, many healthcare organizations, including both Harvard Pilgrim and the American Academy of Family Physicians (AAFP), advocate for the use of the OARS acronym:

- Open-ended questions
- Affirmations (expressing empathy and celebrating even small successes)
- Reflective listening (repeating words back to patients)
- Summarizing

The AAFP advocates the following principles during motivational interviewing:

- Motivation to change is elicited from the patient, not imposed from outside
- It is the patient's task, not the healthcare professionals, to resolve their ambivalence
- Direct persuasion is not an effective method for resolving ambivalence
- The counseling style is a quiet one, with a focus on eliciting the patient's thoughts
- The healthcare professional is directive in helping the patient examine and resolve ambivalence
- Readiness to change is not a patient trait but a fluctuating product of interpersonal interaction
- The therapeutic relationship is more like a partnership or companionship; expert/recipient roles can impede the process
- Elicit pros and cons of change
- Inquire about the importance and confidence of making a change (Heath, 2018)

Note. From Heath, S. (2018, February 08). What is motivational interviewing in patient Care MANAGEMENT? Motivational interviewing helps put health behavior change in the hands of the patient. Retrieved April 22, 2021, from https://patientengagementhit.com/news/what-is-motivational-interviewing-in-patient-care-management

Strategy #1: Ask a question that will prompt change to talk as an answer. For example, "What are some things you can do to make sure you are keeping yourself and your family safe during this pandemic?"

Strategy #2: Ask for the pros and cons of both changing and staying the same. For example, "How will getting the vaccine lower your risk of infection and hospitalization? How will having a sick family member impact you?"

Strategy #3: Ask about the positives and negatives of the target behavior. For example, "How will getting the vaccine improve your wellbeing? What are the negative impacts of getting the vaccine (e.g., cost, side effects)?"

Strategy #4: When the patient expresses change-talk, ask for more details. For example, "In what ways? Tell me more? When was the last time that happened?"

Strategy #5: Ask what may happen if the patient makes the changes according to their care management plan. For example, "If you follow all of the CDC guidelines and recommendations, what will be different? How do you see your health five years from now?"

Strategy #6: Ask about extreme outcomes. For example, "What are the worst things that might happen if you don't get the vaccine? What are the best things that might happen if you get the vaccine?"

Strategy #7: Offer ways to clearly measure the impact of vaccination. For example, "On a scale from one to 10 (where one is not at all important and a 10 is extremely important), how important is it to improve your health? What do you think you can do to get closer to a 10?"

Strategy #8: Ask about the patient's main health goals. For example, "Do you want to be healthy enough to travel to this summer? What upcoming family events do you want to attend?"

Strategy #9: Think like the patient and reframe any barriers into a positive strategy. For example, "Getting to the vaccination site seems to be like a hassle. How about we organize an Uber to transport you to and from the vaccination site instead?"

Strategy #10: Optional versus announcement recommendation: Instead of "have you thought about what shots you'd like to schedule today?" say, "We have some shots to do today". This implies shot is important and most people get it. (Marder, 2018)

Note. From Marder, K. (2021, March 02). Motivational interviewing in Healthcare: 10 Strategies. Retrieved April 22, 2021, from https://www.healthcatalyst.com/insights/motivational-interviewing-healthcare-10-strategies

Motivational Interviewing Example

HCP: “Today, we have the COVID-19 vaccine available for you. The specific vaccine we have is …”

Patient: “I don’t want the COVID-19 vaccine.”

Step 1: Ask patient to share concerns

HCP: “So you seem to have questions about the COVID-19 vaccine. I want to make sure I answer all your questions, so let’s talk about it. Would you mind sharing what your particular concerns are?”

Patient: “Well I heard it’s not safe and I’m worried about the side effects. I also heard I will get coronavirus through the vaccine.”

Step 2: Ask permission to share information. The provider reflects back what the parent is saying to be sure he/she understands (empathy), summarizes, and asks permission to share their own perspective.

HCP: “So I hear that you’re concerned about the COVID-19 vaccine’s side effects and that you will get the coronavirus through the vaccine. I have also heard some stories about this vaccine, and I follow vaccine safety closely. Is it okay if I go over what I know about this vaccine?

Step 3: Provide information to change the patient's perspective. Avoid arguing and focus on disease prevention.

“Side effects are a possible risk with any pharmaceutical you introduce to your body, such as medications and vaccines. It is not guaranteed that you will experience side effects. The side effects for the COVID-19 vaccine usually last about 1-3 days after they start. However, having the side effects shows that your body is working hard to develop immunity to the virus. The side effects for this vaccine are flu-like symptoms such as fever, headache, body aches, chills, and fatigue. If you are experiencing side effects, you can take over the counter medication to help with your symptoms, such as Tylenol or Advil.

There have also been many stories about the vaccine. One of them being that we are injecting the virus into you. I have been following the safety of this vaccine as well as have studied how it’s made. This vaccine does not have the virus in it. It uses an MRNA technology that helps your body create antibodies that will also be able to respond to the coronavirus if you are exposed. I have treated many patients who got very sick from diseases we can prevent with vaccines. There

are many complications with COVID-19. Can you tell me about some of the complications you've heard about?

Step 4: Make a personalized recommendation to schedule a vaccination appointment.

"I strongly believe in this important vaccine, which is why I got vaccinated and I recommend it to all my patients. I think you should schedule an appointment to receive it today. Having said that, this is a decision that only you can make. What do you think?

Tips for declination or delay:

1. Let the patient know you will offer it again at a later time.
2. Offer reading material or educational resources
3. Relax- you've done your best

Most people may be interested in getting vaccinated, but may have questions.
A strong and confident vaccine recommendation works
Try motivational interviewing techniques for vaccine hesitant patients. (Oliver, 2018)

Note. From Oliver, K. (2018). Techniques and Talking Points to Address Vaccine Hesitancy. Retrieved April 15, 2021, from https://www.health.ny.gov/commissioner/grand_rounds/vaccine_hesitancy/docs/oliver.pdf

Appendix I. Post Patient Experience Survey

Patient Experience Survey

Hello,

Thank you for participating in our phone appointment service. We appreciate your time and value your feedback. Please complete this survey. It is anonymous and confidential. This will not affect your care. The information will be used to adjust our services to better meet the needs of the community.

1. How helpful was the person you spoke with?
    - Very poor
    - Poor
    - Fair
    - Good
    - Very Good
2. How easy was it to schedule the appointment?
    - Very Poor
    - Poor
    - Fair
    - Good
    - Very Good
3. Did the staff member provide sufficient instructions and information on the vaccine appointment?
    - Very Poor
    - Poor
    - Fair
    - Good
    - Very Good
4. Was the staff member caring and courteous?
    - Very Poor
    - Poor
    - Fair
    - Good
    - Very Good
5. Overall, how would you rate your phone call experience?
    - Very Poor
    - Poor
    - Fair
    - Good
    - Very Good

Thank you for taking the time to complete the survey. We appreciate your feedback.